

PTO/SB/81 (11-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---|
| Application Number | 10/562,669 |
| Filing Date | December 28, 2005 |
| First Named Inventor | STEPHAN MAUCHER, ET AL. |
| Title | COUNTER TRACK JOINT WITH OPTIMIZED BUILDING SPACE |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | GKNG 1273 PCT |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

027256

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-------------------|---------------------|-----------|------------|
| Signature | IDA HASSENRIK | Date | 23.01.2006 |
| Name | <i>I. Hassenrik</i> | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

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| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

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| | | | |
|-------------------|--------------------------|-----------|------------|
| Signature | ANNA GREMMELMAIER | Date | 7.3.1.2006 |
| Name | <i>Anna Gremmelmaier</i> | Telephone | |
| Title and Company | | | |

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PTO/SB/61 (11-04)

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|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

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| | | | |
|-------------------|------------------------|-----------|----------|
| Signature | STEPHAN MAUCHER | Date | 11.01.06 |
| Name | <i>Stephan Maucher</i> | Telephone | |
| Title and Company | | | |

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| <input type="checkbox"/> Firm or Individual Name | | | |
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| Country | | | |
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| | | | |
|-------------------|--------------------------|-----------|-------------------|
| Signature | DR. WOLFGANG HILDEBRANDT | Date | 13th January 2006 |
| Name | Wolfgang Hildebrandt | Telephone | |
| Title and Company | | | |

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